

South Dakota Board of Hearing Aid Dispensers and Audiologists  
135 East Illinois, Suite 214  
Spearfish, SD 57783

**VERIFICATION OF HEARING AID DISPENSING LICENSURE IN OTHER STATE**

**Directions for applicant:**

Complete this side and the top portion of the other side of this form and forward one to each state where you hold or have held a license to practice the fitting and sale of hearing aids.

TO: \_\_\_\_\_  
Name of State Board you were/are licensed as a hearing aid dispenser

I am applying for a license in South Dakota to practice the fitting and sale of hearing aids based on endorsement. I was granted license # \_\_\_\_\_ by the State of \_\_\_\_\_.

The South Dakota Board of Hearing Aid Dispensers and Audiologists request that I submit verification that my license in the State of \_\_\_\_\_ is or was at time of licensure in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the South Dakota Board of Hearing Aid Dispensers and Audiologists. Your early attention is appreciated.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

(OVER)

SOUTH DAKOTA  
BOARD OF HEARING AID DISPENSERS AND AUDIOLOGISTS  
135 East illinois, Suite 214 • Spearfish, SD 57783  
(605) 642-1600

**VERIFICATION OF HEARING AID DISPENSER'S LICENSURE IN OTHER STATE**

**To the Applicant:** Complete the top portion and back of this form and forward to the licensing authority/regulatory board in each state in which you were licensed or are currently licensed.

Full Name \_\_\_\_\_  
(Last Name) (First Name) (Middle) (Maiden)

Mailing Address \_\_\_\_\_  
(Street or P.O. Box ) (City) (State) (Zip)

License/Certificate No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Exp: \_\_\_\_\_

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To the Licensing authority/ regulator Board: Please provide the information requested below and return directly to the Board address indicated at top of page.

**OFFICIAL VERIFICATION OF LICENSURE IN OTHER STATE**

I, an Authorized Board Representative of \_\_\_\_\_ hereby certify that the above  
State Licensure Board Name  
named individual is/was licensed and was granted State License Number \_\_\_\_\_ to practice  
the fitting and sale of hearing aids in the State of \_\_\_\_\_ on the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_ on the basis of:

\_\_\_\_\_ Exemption \_\_\_\_\_ Written Examination \_\_\_\_\_ Reciprocity with \_\_\_\_\_  
(State)

\_\_\_\_\_ Endorsement \_\_\_\_\_ Oral Examination \_\_\_\_\_ Other

\_\_\_\_\_ Name of Written Examination

**PLEASE SEND A COPY OF ALL TEST SCORES.**

Is the License current? ☐ Yes ☐ No Expiration Date \_\_\_\_\_

Complaints and/or disciplinary actions? ☐ Yes ☐ No

Explanation of above if answer is yes: \_\_\_\_\_

Authorized Board Representative

(State Seal)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Date)

Board Address \_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip)

Board Telephone Number(\_\_\_\_) \_\_\_\_\_